

Application or Doc Ref Number

90/52/335

OTHER THAN  
SMALL ENTITY

(Continue 2)

\* If the difference in column 1 is less than zero (col. 1 in column 2)

OTHER THAN  
SMALL ENTITY

OR

15

• 5

SEND TO: Communications for Patients P.O. Box 1450 Alexandria, VA 22313-1450